

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE
							APPLICANT(S) 10/088659	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3		1		1				
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5		1		1				
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7		1		1				
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TOTAL IND.	1		2				TOTAL IND.	
TOTAL DEP.	32		28				TOTAL DEP.	
TOTAL CLAIMS	33		30				TOTAL CLAIMS	